

The Hand Center of San Francisco, Inc

Kyle D Bickel, MD

Patrick O Lang, MD

Hand and Wrist Surgery

Upper Extremity Reconstruction

Microsurgery

Reconstructive Surgery

May 28, 2019

Chubb/Wc
P.O. Box 42065
Phoenix, AZ 85080

RE: Jonathan Shockley
Employer: Biotelemetry
DOI: 06/25/2018
Claim #: 040519008736

TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT/PR3

Dear Ladies and Gentlemen:

This patient has been under my care for treatment of his bilateral upper extremity repetitive strain injury.

HISTORY OF INJURY This patient is a 40-year-old right-hand-dominant EKG technician who was referred to my office with bilateral upper extremity pain. His symptoms arose in the setting of his work as an EKG technician. His job is a quota-based position that requires him to analyze large numbers of EKG reports on a computer monitor. This involves extensive mouse clicking in a repetitive fashion. In the course of his work, he developed a diffuse of bilateral hand and forearm pain.

TREATMENT RENDERED This has been managed conservatively with work restrictions and occupational hand therapy. In addition, he is undergone a formal ergonomics evaluation of his computer work station.

CURRENT STATUS Unchanged.

CURRENT SUBJECTIVE COMPLAINTS The patient continues to report vague bilateral hand and wrist and forearm pain. He has been off work for several weeks now but the symptoms are persistent. He reports that he was talking on the phone just a few days ago and had a significant exacerbation of his right wrist and forearm pain from simply holding a phone.

Patient Name Jonathan Shockley

Date of Visit 2019-05-28

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PHYSICAL EXAM Physical exam continues to be within normal limits. Tinel's sign in the ulnar nerve at the elbow is negative bilaterally. Forearm compartments are soft and nontender to palpation bilaterally. Finkelstein's test is negative at the wrist bilaterally. Wrist range of motion and digital range of motion are normal bilaterally. Carpal tunnel compression test is negative bilaterally. Sensation is grossly intact distally bilaterally.

IMPRESSION 40-year-old man with bilateral upper extremity repetitive strain injury. I had a lengthy discussion with the patient today regarding his current status. Unfortunately, I have no additional treatment to offer him. His symptoms are classic for repetitive strain injury and are clearly related to the nature of his work as a reviewer of EKGs. This job requires very high-volume and repetitive use of a mouse and keyboard. I told him that the prognosis for these sorts of repetitive pain symptoms is highly variable. My suspicion is that the symptoms will eventually resolve. The timeline is not clear. He is emphatic about being unable to use a computer as any minor use of the computer causes flares in his symptoms. I therefore recommended that we designate him Permanent and Stationary status with the permanent work restriction of no computer use. He understands that this will likely have implications for his employment.

TREATMENT/FUTURE MEDICAL None needed.

WORK STATUS Modified duty with no use of the computer.

FOLLOW UP None needed.

Thank you again for your referral. Please let me know if I can be of any further help.

Sincerely,

Patrick O Lang, M.D.

Cal Lic # A106890

POL/kt

SIGNED ELECTRONICALLY BY PATRICK O LANG, MD

Executed at San Francisco, CA. Date: 5/29/2019 9:42:41 AM

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated California Labor Code 139.3